

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
APPROVAL APPLICATION FOR A  
PUBLIC WATER SUPPLY WELL  
INTENDED TO SERVE A  
TRANSIENT PUBLIC WATER SYSTEM**

\* This application is for a well to serve a new or existing public water supply only.  
Compliance of the entire water system will be evaluated during a comprehensive  
inspection by the Drinking Water Program.



Restaurant  
Boys and Girls Camp  
Campground  
Hotel  
Motel  
Hunting Lodge  
Golf Course Clubhouse  
and others



Drinking Water Program  
Division of Health Engineering  
Bureau of Health  
Department of Health and Human Services  
11 State House Station, 286 Water Street  
Augusta, Maine 04333-0011  
TEL: (207) 287-2070 TTY: (207) 287-5550 FAX: (207) 287-4172  
Web Address: <http://www.medwp.com>

## IS YOUR ESTABLISHMENT A PUBLIC WATER SYSTEM?

*A public water system is defined as any publicly or privately-owned system of pipes, structures and facilities through which water is obtained for or sold, furnished or distributed to the public for human consumption; if such system has at least 15 service connections or serves at least 25 individuals daily at least 60 days out of the year. The term "public water system" shall include any collection, treatment, storage or distribution pipes, structures or facilities under the control of the supplier of water and used primarily in connection with such system, and any collection or pretreatment storage facilities not under such control which are used primarily in connection with such system.*

### ***From the State of Maine Rules Relating to Drinking Water***

This means that if you serve water from your own source (well or surface intake) to 25 or more people per day, or have 15 or more service connections, and operate for 60 or more days per year, you are operating a public water system. There are three types of public water systems and each is regulated differently. The three types are:



#### **Community Public Water System**

A public water system which serves water to people in their place of residence. Examples include water utilities, mobile home parks, apartment buildings, nursing homes, etc.



#### **Non-transient, Non-community Public Water System**

A public water system which serves water to essentially the same people for at least 6 months per year, but not in their place of residence. Examples include schools, office buildings, factories, etc.



#### **Transient Public Water System**

A public water system which serves water to a constantly changing population of consumers. Examples include restaurants, camps and campgrounds, motels and hotels, and bottled water companies.

If you are planning a new well for a new or existing **transient public water system**, all the materials you need for well approval are in this packet. If you are planning a well for a community or a non-transient, non-community system, please request the appropriate packet from the Drinking Water Program.

Please contact Haig Brochu at (207) 287-6542 or at [haig.brochu@maine.gov](mailto:haig.brochu@maine.gov), or Jeff Folger at (207) 287-5682 or at [jeff.folger@maine.gov](mailto:jeff.folger@maine.gov) at the Drinking Water Program if you have any questions concerning the process for reviewing an application for a new well. If this well is to serve a new Transient Public Water Supply, compliance of the entire water system will be evaluated during a comprehensive inspection by the Drinking Water Program. Please contact Nate Saunders at 287-5685 or, [nathan.saunders@maine.gov](mailto:nathan.saunders@maine.gov) for more information.

## **GETTING STATE APPROVAL FOR A NEW PUBLIC WATER SUPPLY WELL FOR A TRANSIENT PUBLIC WATER SYSTEM**

If you own or operate a public water system in Maine, or are planning to establish one, drilling and utilizing a new well for serving water to the public requires written approval from the Maine Drinking Water Program in the Department of Health and Human Services (the Department). This packet of information has all the materials you need to complete this process. Enclosed you will find:

### **FOR BEFORE THE WELL IS DRILLED:**

#### **1. A DRINKING WATER PROGRAM QUESTIONNAIRE**

This form is required only if your establishment has never been a regulated public water system before. The questionnaire requests basic information including your mailing address, details about the facility you propose to operate, and, if a seasonal business, when it will be operated.

#### **2. A REQUEST FOR PRELIMINARY APPROVAL**

BEFORE the well is drilled, you must receive written approval of the location at which the well will be drilled. In general, an approvable site will be 300 feet or more from any potential source of contamination. If this is not possible or practical at your site, the Department can grant a waiver to this setback requirement. In order to receive preliminary approval, you must submit **the application form, a location map, and a site plan.**

#### **3. A SAMPLE SITE PLAN**

A sample site plan is attached to assist you in preparing a plan of your property.

#### **4. A CHECKLIST OF POTENTIAL CONTAMINATION SOURCES**

You must identify any potential contamination sources near the well. A checklist from the Maine Wellhead Protection Program is included for reference. A copy of the HHE 200 form for septic system design is required for all leach fields within 300 feet of the proposed well.

**REMEMBER THAT THE WELL MUST BE DRILLED BY A WELL DRILLER LICENSED IN THE STATE OF MAINE. FOR A LIST OF LICENSED WELL DRILLERS, CONTACT THE MAINE WATER WELL DRILLING COMMISSION AT (207) 287- 5699.**

### **FOR AFTER THE WELL IS DRILLED:**

#### **5. A LIST OF WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL**

AFTER the well is drilled, it must be tested to ensure that the water meets drinking water standards. The enclosed list identifies the two tests required for approval of a transient water system. Remember that the tests are to be taken at the conclusion of a pump test. A 48-hour pump test is required.

#### **6. A REQUEST FOR FINAL APPROVAL**

You must receive a letter of final approval from the Department prior to putting the well on line. Final approval requires submission of a completed application (describing the characteristics of the well, the date it was drilled, who drilled it, etc.). You must also attach results of all required water quality tests and a completed Water System Component Checklist.

### **WHEN PUTTING AN APPROVED WELL ON-LINE**

If the water meets drinking water standards, you will receive a letter of final approval and an ON-LINE NOTICE. This notice is to be filled out and returned when the well is put on line. It will enable the Department to notify you of required tests and help you remain in compliance with the Safe Drinking Water Act.

## NEW PUBLIC WATER SYSTEM INFORMATION

Complete this form if your facility is not presently regulated as a public water system. It will ensure that you take only the necessary water tests and that all information is sent to the proper address.

**OFFICE USE ONLY**

PWSID# \_\_\_\_\_

Date Entered \_\_\_\_\_

### FACILITY AND CONTACT INFORMATION

**THE FACILITY:**

Facility Name \_\_\_\_\_  
 Tax Map & Lot Number \_\_\_\_\_  
 Road Address \_\_\_\_\_  
 City or Town \_\_\_\_\_  
 On-site Contact Person \_\_\_\_\_  
 On-site Phone \_\_\_\_\_

**OWNER OR REPRESENTATIVE:**

Owner's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City or Town \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Owner/Rep. Phone \_\_\_\_\_

How many feet is the nearest property line? \_\_\_\_\_ (Feet)  
 How much of the land is controlled and/or owned? \_\_\_\_\_ (Acres)

I certify that, to my knowledge, the information on this form is true and accurate. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_

### ESTABLISHMENT DESCRIPTION

**CHECK ALL THAT APPLY:**

**NUMBER OF:**

- |   |                           |             |                 |
|---|---------------------------|-------------|-----------------|
| <input type="checkbox"/> Restaurant             | _____ seats               | _____ meals | _____ employees |
| <input type="checkbox"/> Hotel or Motel         | _____ units               |             |                 |
| <input type="checkbox"/> Campground             | _____ sites               |             |                 |
| <input type="checkbox"/> RV Park                | _____ sites               |             |                 |
| <input type="checkbox"/> Children's Camp        | _____ campers & staff     |             |                 |
| <input type="checkbox"/> Water Utility          | _____ service connections |             |                 |
| <input type="checkbox"/> Mobile Home Park       | _____ licensed sites      |             |                 |
| <input type="checkbox"/> Apartments             | _____ units               |             |                 |
| <input type="checkbox"/> School                 | _____ students plus staff |             |                 |
| <input type="checkbox"/> Elderly Apartments     | _____ units               |             |                 |
| <input type="checkbox"/> Business               | _____ employees           |             |                 |
| <input type="checkbox"/> Hospital, Nursing Home | _____ beds plus employees |             |                 |
| <input type="checkbox"/> Boarding Home          | _____ beds plus employees |             |                 |

If a Take-Out Eating Establishment, check which of these services will be provided and will use water from the well:

Fountain soda

Coffee

Slush drinks

Cup dispenser in bathroom

Soft serve ice cream

Water bubbler

Is this a seasonal operation? \_\_\_\_\_ If yes, Season begins? \_\_\_\_\_ Season ends? \_\_\_\_\_

Comments/Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REQUEST FOR PRELIMINARY APPROVAL  
NEW PUBLIC WATER SUPPLY WELL TRANSIENT WATER SYSTEM**

NOTE: Preliminary approval is required before the well is drilled.

**FACILITY INFORMATION**

Facility Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town or City \_\_\_\_\_  
 On-site Contact \_\_\_\_\_  
 On-site phone \_\_\_\_\_

<b>Facility Type (Check all that apply):</b> <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Campground <input type="checkbox"/> Camp <input type="checkbox"/> Golf Course Clubhouse <input type="checkbox"/> Lodge <input type="checkbox"/> Bottled Water Company <input type="checkbox"/> Seasonal cottages <input type="checkbox"/> Other (Describe below.) _____ _____ _____
---

**This application is for (check one):**

- An additional or new well for an existing public water system? PWSID#:
- A well for an existing facility which has not been regulated before?
- A well for a proposed facility, which has not yet been constructed?

I plan to drill the well by \_\_\_\_\_ (date). I want to have it on-line by \_\_\_\_\_ (date).

**I understand that my application will be returned unless I provide:**

- A location map (an "X" drawn on a map from the Maine Atlas and Gazetteer is sufficient).
- A site plan (more detailed map of the well site) including:
  - A scale ( 1" = 100' or similar).
  - All potential contaminant sources (leach fields, fuel tanks, etc.) within 300 feet of well.
  - Surface water bodies (lakes, streams, ponds) within 300 feet of the well.
  - Property boundaries and the land uses on adjacent properties.
  - The general slope of land near the well.
- A copy of HHE 200 septic system design form if a leach field is within 300 feet of well.

For Help Completing this  
Form, Call (207) 287-6542.

**CERTIFICATION**

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. To my knowledge, no site details have been omitted which would have a bearing on the suitability of the site for installation of a public water supply well. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_

Title \_\_\_\_\_  
 Date \_\_\_\_\_

**Enclose location map and site plan and return to:**

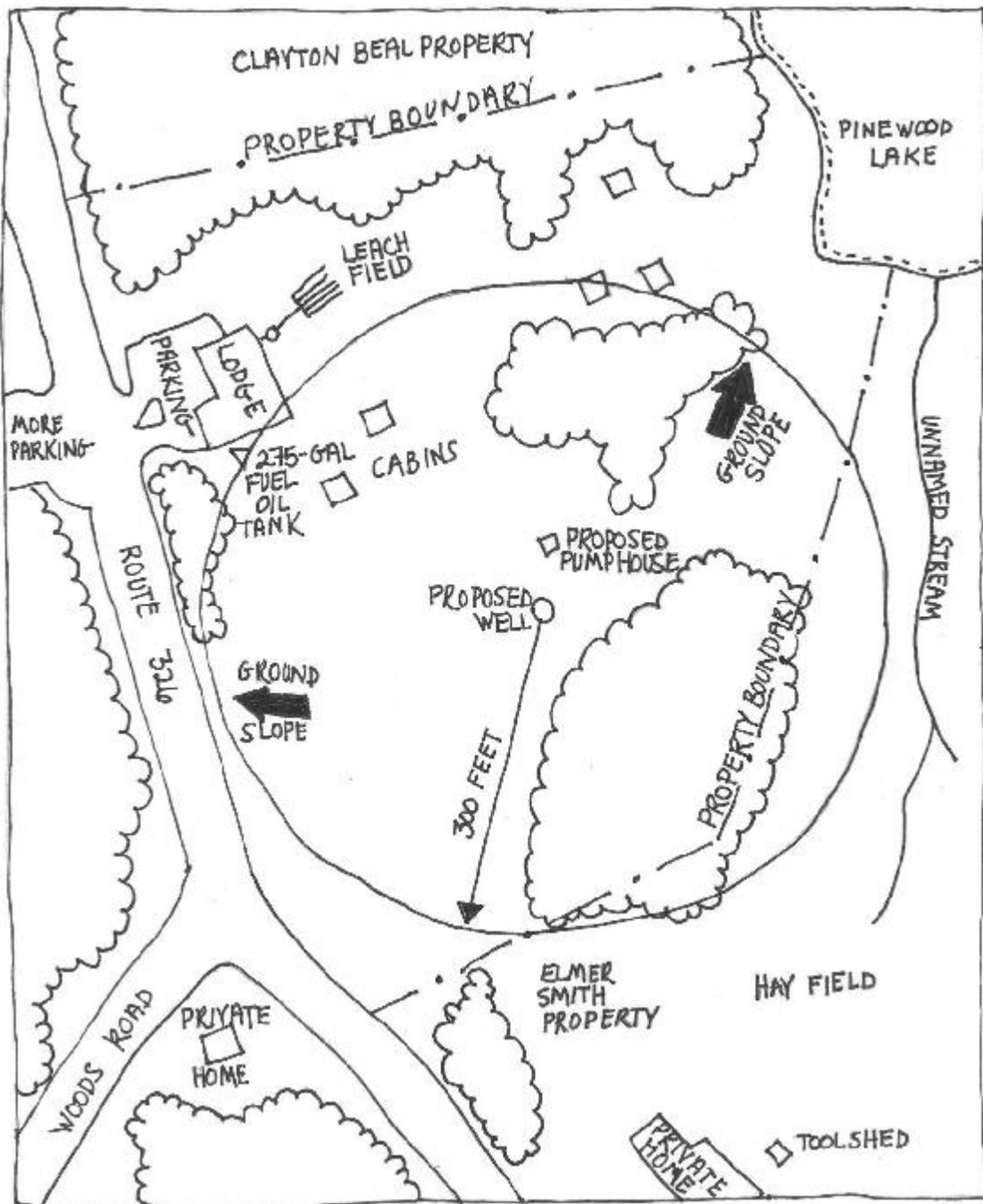
New Well Approval  
 Drinking Water Program  
 11 State House Station  
 Augusta, Maine 04333-0011

**Allow 30 days for processing.**

OFFICE USE ONLY	
NWT	
PWSID NUMBER	
SOURCE ID NUMBER	
PROJECT MANAGER	
DATE OF SITE VISIT	
DATE RECEIVED	
DATE APPROVED	

# POTENTIAL SOURCES OF CONTAMINATION (PSC), CURRENT OR PAST

PWS Name _____			PWSID# _____		
Number of PSCs	Land Use Activity	Distance to well	Number of PSCs	Land Use Activity	Distance to well
<b>HERBICIDE / PESTICIDE USE</b>			<b>OTHER</b>		
	1. Agricultural chemical spreading or spraying			50. Abandoned well	
	2. Agricultural chemical storage			51. Boat builder, refinisher, maintenance	
	3. Bulk grain storage			52. Chemical reclamation	
	4. Chemically fertilized agricultural field			53. Food processor	
	5. Golf course			54. Graveyard & cemetery	
	6. Herbicide sales or applicator			55. Heat treater, smelter, annealer, descaler	
	7. Nursery or garden shop			56. Incinerator	
	8. Pesticide sales or applicator			57. Industrial discharge	
	9. High voltage transmission lines			58. Industrial manufacturer	
<b>PETROLEUM / HYDROCARBON USE (VOCS OR SEMI-VOCS)</b>				59. Industrial waste disposal	
	10. Aboveground oil storage tank (including home heating oil tanks)			60. Landfill, dump, transfer station	
	11. Underground oil storage tank			61. Metal plating	
	12. Airport fueling area			62. Military facility	
	13. Airport maintenance			63. Monitoring well	
	14. Auto chemical supply wholesaler			64. Railroad yard or line	
	15. Auto repair			65. Recycling or processing center ( <i>other than beverages</i> )	
	16. Body shop			66. Research laboratory	
	17. Concrete, asphalt, tar, coal company			67. Residential home	
	18. Dry cleaner			68. Rust proofer	
	19. Furniture stripper			69. Salt pile or sand & salt pile	
	20. Gas station, service station			70. Septic system, septic waste disposal	
	21. Junk or salvage yard			a. Beauty parlor	
	22. Machine shop			b. Car wash	
	23. Oil pipeline			c. Laundromat	
	24. Painters, finisher			d. Medical, dental, veterinarian office	
	25. Parking lot			e. Mortuary/ funeral parlor	
	26. Photo processor			f. Multi-unit housing	
	27. Printer			g. Single-family housing	
	28. Sand & gravel mining, other mining			h. Other _____	
	29. Small engine repair shop			71. Sewer line	
	30. Snow dump (large commercial or municipal)			72. Sludge disposal or spreading	
	31. Stormwater impoundments or run-off area			73. Wastewater impoundment area	
	32. Truck terminal			74. Wastewater treatment plants, discharge	
<b>BACTERIA AND INORGANICS SUCH AS NITRATES / NITRITES</b>				75. Wood preserver	
	40. Animal burial (large scale site)			76. Other – Please indicate other potential contamination sites not included in this list. _____	
	41. Animal grazing				
	42. Barnyard				
	43. Manure pile				
	44. Manure spreading				
	45. Meat packer, slaughter house				
	46. Municipal wastewater plant				



**EXAMPLE OF A SITE PLAN FOR PRELIMINARY APPROVAL OF PROPOSED WELL**

An acceptable site plan must include:

- A scale (1" = 100' or larger);
- Potential sources of contamination within 300' (leach field, fuel tank, etc.);
- Property boundaries;
- A description of land uses on adjacent properties;
- The general slope of land near the well; and
- Surface water bodies within 300 feet of the well.

# REQUEST FOR FINAL APPROVAL OF A NEW PUBLIC WATER SUPPLY WELL TO SERVE A TRANSIENT WATER SYSTEM

## WELL CONSTRUCTION INFORMATION

Facility Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Town or City \_\_\_\_\_  
 On-site Contact \_\_\_\_\_  
 On-site Phone \_\_\_\_\_

**WATER TEST RESULTS  
MUST ACCOMPANY  
THIS FORM.**

<b>COMPLETE FOR WELLS:</b>	<b>COMPLETE FOR BEDROCK WELLS:</b>	<b>COMPLETE FOR GRAVEL WELLS:</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Name &amp; Address of Well Driller:</td> <td style="padding: 5px;"> <b>Required Water Tests:</b>  <input type="checkbox"/> Inorganic Parameters TE1  <input type="checkbox"/> Volatile Organics TSN                 </td> </tr> <tr> <td style="padding: 5px;">Driller's License #:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Pump test duration (hours):</td> <td style="padding: 5px;"></td> </tr> </table>	Name & Address of Well Driller:	<b>Required Water Tests:</b> <input type="checkbox"/> Inorganic Parameters TE1 <input type="checkbox"/> Volatile Organics TSN	Driller's License #:		Pump test duration (hours):		Date drilled:	Date drilled:
Name & Address of Well Driller:	<b>Required Water Tests:</b> <input type="checkbox"/> Inorganic Parameters TE1 <input type="checkbox"/> Volatile Organics TSN							
Driller's License #:								
Pump test duration (hours):								
	Total depth:	Total depth:						
	Depth to bedrock:	Depth to top of screen:						
	Length of casing:	Length of screen:						
Water tests must be conducted by a certified laboratory. If you choose to use the State Health and Environmental Testing Laboratory, call (207) 287-1716 to order sample bottles.	Diameter of casing:	Diameter of casing:						
	Safe Yield (GPM):	Safe Yield (GPM):						

### CERTIFICATION

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. I certify that the water test results are from raw water samples taken from the well described above. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Attach copies of water quality test and return to:**

New Well Approval  
 Drinking Water Program  
 11 State House Station  
 Augusta, Maine 04333-0011

**Allow 30 days for processing.**

OFFICE USE ONLY	
PRE-APPROVAL DATE	
PWSID #	
SOURCE ID NUMBER	
DATE RECEIVED	
DATE APPROVED	
CONDITIONAL?	



## **PUBLIC WATER SUPPLY WELL APPROVAL PROCEDURE WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL TRANSIENT COMMUNITY WATER SYSTEM**

Transient public water supply systems serve a constantly changing population of one-time or infrequent customers. Examples include restaurants, motels, parks, campgrounds and summer camps. Final approval of a well for a transient system requires satisfactory results for two tests. After the well is drilled it must be shock chlorinated and then pump tested for at least 48 hours. Continue to pump the well until you no longer detect the odor of chlorine (if there is still chlorine in the water when it reaches the lab, the test will be invalidated and you will need to test again for coliform bacteria). At the conclusion of the pump test, take samples for the following two tests:

### **Inorganic Parameters** (*Test TE1 at State Health Lab*):

A good indicator of general groundwater quality. Includes: nitrite; chloride, hardness, fluoride, copper, iron, manganese, zinc, arsenic, barium, cadmium, chromium, lead, mercury, silver, selenium, sodium, color, turbidity, pH, and total coliform bacteria.

### **Volatile Organic Compounds** (*Test TSN at State Health Lab*):

EPA method 502.2. A screening procedure which can detect the presence of more than 50 different hydrocarbon compounds including gasoline, kerosene, Methyl Tertiary Butyl Ether (MTBE), and many industrial solvents.

You can use the State Health and Environmental Testing Laboratory (State Health Lab) or another certified testing laboratory. For a list of labs certified by the State of Maine, contact the Drinking Water Program at (207) 287-2070. To order bottles from the State Health Lab, call (207) 287-1716.

## Water System Component Checklist & Questionnaire

The well approval procedure focuses primarily on the water source and the physical well itself. Compliance of the entire water system will be evaluated during a comprehensive inspection completed by the Drinking Water Program. Please check off the components that are, or will be, part of the water system. Include notes as needed.

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submersible well pump

Above ground suction well pump

Bladder pressure tank(s)  
Qty \_\_\_\_\_  
Size(s) (gal) \_\_\_\_\_

Hydropneumatic pressure tank  
Size (gal): \_\_\_\_\_

Atmospheric storage tank & pump  
Size (gal): \_\_\_\_\_

Gravity storage tank  
Size (gal): \_\_\_\_\_

Sediment filter  
Type: \_\_\_\_\_  
\_\_\_\_\_

Water meter

Treatment (please specify): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is supplied by this water system (buildings/units/etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Other water system information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[DWP Staff Note: Please forward a copy of this sheet to the Field Services Manager]